

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

13 C/OH NAME Cargill, Michael (Mr.)

14 ACCOUNT # (Ethics Commission filers)
0000000

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,963.98
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	3,000.98
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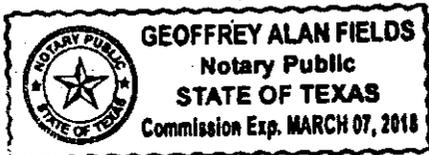
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,331.11
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,939.43
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17 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael D. Cargill, this the 27th day of October, 20 14, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Geoffrey Fields
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/4 Report: 3/16	
2 FILER NAME Cargill, Michael (Mr.)		3 ACCOUNT # (Ethics Commission filers) 0000000	
4 Date 10/13/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Banu, Cristian 6 Contributor address; City; State; Zip Code 127 Shadow Wood Trl CEDAR CREEK, TX 78612	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Byington, Michele (Mrs.) Contributor address; City; State; Zip Code 1020 Bay Area Blvd #200 Houston, TX 77058	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Walker, Rice & Wisdom	
Date 10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DuBois, Douglas Jr. (Mr.) Contributor address; City; State; Zip Code 2304 Vassal Dr. Austin, TX 78748	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Association Executive		Employer (See Instructions) Texas State Rifle Assoc.	
Date 10/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gore, Debra (Mrs.) Contributor address; City; State; Zip Code 4825 Eagle Feather Dr Austin, TX 78735	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Regents School	
Date 10/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, William and Amy Contributor address; City; State; Zip Code 1804 Cedar Ridge Dr Austin, TX 78741	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) WDJ HOLDINGS 2010 LLC	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/4 Report: 4/16	
2 FILER NAME Cargill, Michael (Mr.)		3 ACCOUNT # (Ethics Commission filers) 0000000	
4 Date 10/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mason, Mel 6 Contributor address; City; State; Zip Code 4526 Highland Terrace Austin, TX 78731	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Carpenter		10 Employer (See Instructions) Self	
Date 10/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Matherne, Damien (Mr.) Contributor address; City; State; Zip Code 11727 Sterling Panorama Austin, TX 78738	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Clean Scapes, LP	
Date 10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McClure, Gabriel Contributor address; City; State; Zip Code 7719 Kiva Dr Austin, TX 78749	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Monken, Marvin (Mr.) Contributor address; City; State; Zip Code 2708 Benbrook Dr. Austin, TX 78757-6953	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None	
Date 09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morris, Robert (Mr.) Contributor address; City; State; Zip Code 7307 S Pleasant Valley Rd Unit A Austin, TX 78744	Amount of contribution (\$) \$217.98	In-kind contribution description (if applicable) Pre-Printed Business Cards
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Greenstar Mechanical	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/4 Report: 5/16	
2 FILER NAME Cargill, Michael (Mr.)		3 ACCOUNT # (Ethics Commission filers) 0000000	
4 Date 09/29/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morris, Robert (Mr.) 6 Contributor address; City; State; Zip Code 7307 S Pleasant Valley Rd Unit A Austin, TX 78744	7 Amount of contribution (\$) \$15.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Manager		10 Employer (See Instructions) Greenstar Mechanical	
Date 09/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morris, Terry (Mr.) Contributor address; City; State; Zip Code 4402 S Congress 105 Austin, TX 78748	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Medical		Employer (See Instructions) Southwest Surgical Assistants	
Date 09/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patterson, Linda (Mrs.) Contributor address; City; State; Zip Code 1015 E. Yager Lane #174 Austin, TX 78753	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) BMSHLS	
Date 10/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pool, Trent (Mr.) Contributor address; City; State; Zip Code 506 W 15th St #201 Austin, TX 78701	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Political Consultant		Employer (See Instructions) Benezet Consulting	
Date 10/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sawyer, Gerald (Mr.) Contributor address; City; State; Zip Code 1410 Briarcliff Blvd Austin, TX 78723	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Automotive		Employer (See Instructions) Swedish Auto Service	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/4 Report: 6/16

2 FILER NAME Cargill, Michael (Mr.)

3 ACCOUNT # (Ethics Commission filers)

0000000

4 Date

10/20/2014

5 Full name of contributor out-of-state PAC (ID# _____)

Walker, Edwin (Mr.)

6 Contributor address; City; State; Zip Code

1020 Bay Area Blvd, Suite 220
Houston, TX 77058

7 Amount of
contribution (\$)

\$300.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

Walker, Rice & Wisdom

Date

10/09/2014

Full name of contributor out-of-state PAC (ID# _____)

Williamson, Dustin (Mr.)

Contributor address; City; State; Zip Code

8005 Cobblestone
Austin, TX 78735

Amount of
contribution (\$)

\$11.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

CPA

Employer (See Instructions)

Self-employed

PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 7/16

2 FILER NAME Cargill, Michael (Mr.)

3 ACCOUNT # (Ethics Commission filers)
0000000

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Delosh, Justin (Mr.)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
09/26/2014	7 Pledgor address; City; State; Zip Code 207 Woods Lane Cedar Park, TX 78613	\$350.00	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

10 Principal occupation / Job title (See Instructions) Manager	11 Employer (See Instructions) Cutting Edge Builders
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Swank, Gerald (Mr.)	Amount of pledge (\$)	In-kind description (if applicable)
09/26/2014	Pledgor address; City; State; Zip Code 321 W Ben White #202 Austin, TX 78704	\$350.00	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

Principal occupation / Job title (See Instructions) Business Owner	Employer (See Instructions) GDS
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Villasana, Ray (Mr.)	Amount of pledge (\$)	In-kind description (if applicable)
09/26/2014	Pledgor address; City; State; Zip Code 4402 South Congress #106 Austin, TX 78745	\$350.00	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

Principal occupation / Job title (See Instructions) Business Owner	Employer (See Instructions) A Better View Glass Company
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/5 Report: 11/16		2 FILER NAME Cargill, Michael (Mr.)		3 ACCOUNT # (TEC filers) 0000000	
4 Date 10/06/2014	5 Payee name Austin Budget Signs				
6 Amount (\$) \$779.40	7 Payee address City; State; Zip Code 3904D Warehouse Row Austin, TX 78704				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing Expense <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/10/2014	Payee name Austin Budget Signs				
Amount (\$) \$1,488.44	Payee address City; State; Zip Code 3904D Warehouse Row Austin, TX 78704				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing Expense <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/06/2014	Payee name Conformal Systems LLC				
Amount (\$) \$1.00	Payee address City; State; Zip Code 500 North Michigan Avenue # 300 Chicago, IL 60611				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/06/2014	Payee name Oak Bank				
Amount (\$) \$15.00	Payee address City; State; Zip Code 1000 North Rush Street Chicago, IL 60611-0081				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/5 Report: 12/16		2 FILER NAME Cargill, Michael (Mr.)		3 ACCOUNT # (TEC filers) 0000000	
4 Date 09/27/2014	5 Payee name Office Max 1287				
6 Amount (\$) \$348.07	7 Payee address City; State; Zip Code 9600 S IH35 Service Road SB Austin, TX 78748				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing Expense		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/29/2014	Payee name PayPal				
Amount (\$) \$0.74	Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/29/2014	Payee name PayPal				
Amount (\$) \$3.20	Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/30/2014	Payee name PayPal				
Amount (\$) \$6.10	Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/5 Report: 13/16	2 FILER NAME Cargill, Michael (Mr.)	3 ACCOUNT # (TEC filers) 0000000
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4 Date 10/02/2014	5 Payee name PayPal
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6 Amount (\$) \$10.45	7 Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/08/2014	Payee name PayPal
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Amount (\$) \$10.45	Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/13/2014	Payee name PayPal
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Amount (\$) \$1.03	Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/18/2014	Payee name PayPal
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Amount (\$) \$1.75	Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION Guide explains how to complete this form.

1 PAGE # Schedule: 4/5 Report: 14/16		2 FILER NAME Cargill, Michael (Mr.)		3 ACCOUNT # (TEC filers) 0000000	
4 Date 10/20/2014	5 Payee name PayPal				
6 Amount (\$) \$0.88	7 Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees			(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 10/20/2014	Payee name PayPal				
Amount (\$) \$2.48	Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees			Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 10/22/2014	Payee name PayPal				
Amount (\$) \$1.75	Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees			Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/26/2014	Payee name The Liberty Beat				
Amount (\$) \$250.00	Payee address City; State; Zip Code 512 W Martin Luther King Jr Blvd #170 Austin, TX 78701				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense			Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Subscription - October	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/5 Report: 15/16	2 FILER NAME Cargill, Michael (Mr.)	3 ACCOUNT # (TEC filers) 0000000
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4 Date 10/02/2014	5 Payee name Travis County Clerk
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6 Amount (\$) \$26.00	7 Payee address City; State; Zip Code P.O. Box 149325 Austin, TX 78714-9325
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Filing Fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/02/2014	Payee name Wells Fargo Bank, N.A.
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Amount (\$) \$10.00	Payee address City; State; Zip Code 500 E. Ben White Blvd, Ste. C Austin, TX 78704
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/27/2014	Payee name Whataburger 84
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Amount (\$) \$44.24	Payee address City; State; Zip Code 6106 Cameron Rd Austin, TX 78723
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food Expense <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 16/16

2 FILER NAME Cargill, Michael (Mr.)

3 ACCOUNT # (Ethics Commission filers)
0000000

4 Date

10/03/2014

5 Name of person from whom amount is received
Wells Fargo Bank, N.A.

8 Amount
(\$)

\$100.00

6 Address of person from whom amount is received; City; State; Zip Code
500 E. Ben White Blvd, Ste. C
Austin, TX 78704

7 Purpose for which amount is received
Bank Originated Credit